

L21000229948

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(Requestor's Name)

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(City/State/Zip/Phone #)

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S. PRATHER

DR. APRILLE P WEALTH-WARREN  
APRILLE P WARREN, LLC  
530 SUSAN B BRITT CT, STE 250  
WINTER GARDEN, FL, 34787  
DECEMBER 4, 2024

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: AMENDMENT TO ARTICLES OF ORGANIZATION FOR DOCUMENT NUMBER  
L21000229948

Dear Division of Corporations Team,

Please find enclosed the Articles of Amendment for Elisha American Performing Arts and Chayal Academics, LLC. This amendment includes the following changes to the Articles of Organization:

- Change of LLC name to Aprille P Wealth Consultant, LLC

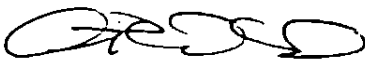
Included with this submission are:

1. The completed Amendment Form.
2. A check for **\$55**, which covers the **\$25.00** filing fee and **\$30.00** for a certified copy.

Please contact me at **954-931-7406** if there are any questions or if additional information is required.

Thank you for processing this amendment.

*Sincerely,*



**Dr. Aprille P Wealth-Warren**  
**President**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aprille P Warren, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Aprille P Wealth-Warren

\_\_\_\_\_  
Name of Person

Aprille P Warren, LLC

\_\_\_\_\_  
Firm/Company

530 Susan B Britt Ct, Ste 250

\_\_\_\_\_  
Address

Winter Garden, FL, 34787

\_\_\_\_\_  
City/State and Zip Code

dr.aprillepwarren@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Aprille P Wealth-Warren

954

931-7406

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Aprille P Warren, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/18/2021 and assigned  
Florida document number 121000229948.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Aprille P Wealth Consultant, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



Dr. Aprille P Wealth-Warren

Typed or printed name of signee